

TRAX YOGA



NAME:

DOB:

**PHONE
NUMBER:**

**EMAIL
ADDRESS:**

1. How long have you been practicing yoga?

2. On average, how many times do you practice yoga per week?

3. Please provide a description of your yoga practice, including examples of postures you practice during a typical session.

4. Why do you want to be certified as a yoga teacher?

5. What skills, qualities, traits do you currently embody that would support your future work as a yoga teacher?

